

## LIST OF CLINICAL PRIVILEGES – AIR RESERVE COMPONENTS (UTA) - PHYSICIAN

**AUTHORITY:** Title 10, U.S.C. Chapter 55, Sections 1094 and 1102.

**PRINCIPAL PURPOSE:** To define the scope and limits of practice for individual providers. Privileges are based on evaluation of the individual's credentials and performance.

**ROUTINE USE:** Information on this form may be released to government boards or agencies, or to professional societies or organizations, if needed to license or monitor professional standards of health care providers. It may also be released to civilian medical institutions or organizations where the provider is applying for staff privileges during or after separating from the Air Force.

**DISCLOSURE IS VOLUNTARY:** However, failure to provide information may result in the limitation or termination of clinical privileges.

### INSTRUCTIONS

**APPLICANT:** In Part I, enter Code 1, 2, or 4 in each REQUESTED block for every privilege listed. This is to reflect your current capability. Sign, date and forward to your Clinical Supervisor.

**CLINICAL SUPERVISOR:** In Part I, using the facility master privileges list, enter Code 1, 2, or 4 in in each VERIFIED block in answer to each requested privilege. In Part II, check appropriate block either to recommend approval, to recommend approval with modification, or to recommend disapproval. Sign, date and forward the form to the Credentials Office.

**CODES:** 1. Fully competent within defined scope of practice.

2. Supervision required. (Unlicensed/uncertified or lacks current relevant clinical experience.)

3. Not approved due to lack of facility support. (Reference facility master Strawman. Use of this code is reserved for the Credentials Function.)

4. Not requested/not approved due to lack of expertise or proficiency, or due to physical disability or limitation.

**CHANGES:** Any change to a verified/approved privileges list must be made in accordance with Service Specific Credentialing and Privileging Policy.

**NAME OF APPLICANT**

**NAME OF MEDICAL FACILITY**

**Providers requesting UTA privileges must also request privileges in their primary discipline.**

I Scope		Requested	Verified
<b>P390799</b>	The scope of UTA privileges includes performing flying, non-flying and occupational medical examinations IAW AFI 48-123, Medical Examinations and Standards. Physicians will order appropriate laboratory and diagnostic studies and refer to member's private health care provider for treatment and follow-up. Providers will take, evaluate and record comprehensive medical histories.		
Diagnosis and Management (D&M)		Requested	Verified
<b>P390801</b>	Interpret clinical laboratory studies, X-rays, EKGs, pulmonary functions studies as limited by the scope of practice for the provider's specialty		
<b>P390803</b>	Administer and/or supervise immunizations in accordance with AFIJ 48-110_IP, Immunizations and Chemoprophylaxis		
<b>P390805</b>	Initiate consultation request to appropriate specialists for the purpose of evaluating fitness for military duty		
<b>P390807</b>	Prescribe pre-deployment medications in accordance with Air Force or Major Command (MAJCOM) policy		
Procedures		Requested	Verified
	N/A		
Other (Facility or provider-specific privileges only):		Requested	Verified
<b>SIGNATURE OF APPLICANT</b>		<b>DATE</b>	

**LIST OF CLINICAL PRIVILEGES – AIR RESERVE COMPONENTS (UTA) - PHYSICIAN (CONTINUED)**

**II CLINICAL SUPERVISOR'S RECOMMENDATION**

**RECOMMEND APPROVAL**

**RECOMMEND APPROVAL WITH MODIFICATION**  
(Specify below)

**RECOMMEND DISAPPROVAL**  
(Specify below)

**STATEMENT:**

**CLINICAL SUPERVISOR SIGNATURE**

**CLINICAL SUPERVISOR PRINTED NAME OR STAMP**

**DATE**